

**INVESTIGATION INTO THE PERCEPTIONS OF EMPLOYEES ABOUT PEOPLE
LIVING WITH HIV IN THEIR WORKPLACE: A CASE STUDY OF THE NATIONAL
PLANNING COMMISSION, NAMIBIA**

by

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DECLARATION

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ABSTRACT

The research study investigates the perceptions of employees about people living with HIV at the workplace; a case study of the National Planning Commission (NPC) in Windhoek. The impact of employees living with HIV at the NPC is that there is potentially a high risk of being stigmatised and discriminated against within the workplace because there is no information about HIV and AIDS nor stigma awareness among the employees. Stigma and discrimination can affect an employee's performance leading to poor services delivery.

A descriptive research method was used to analyse the reasons behind the perceptions of employees about people living with HIV (PLHIV) in the workplace at NPC. The questions were answered using face- to- face interviews and questionnaires and analysed. The findings showed that employees perceive HIV and AIDS stigma and discrimination as an issue that affect people living with HIV in the workplace. It was also noted that there are no forums or information sessions about HIV and AIDS taking place at the NPC therefore it is rare to find staff members discussing about HIV and AIDS at workplace. Therefore, NPC should appoint a HIV and AIDS Counsellor or coordinator who will be dealing with problems related to HIV and AIDS, have a HIV and AIDS policy and programme, budget allocation, and have leadership and management supports for the policy and programme implementation.

OPSOMMING

Die navorsingstudie ondersoek die persepsies van mense oor mense wat met MIV leef in die werkplek, 'n gevallestudie van die Nasionale Beplanningskommissie (NPC) in Windhoek, Namibië. Die impak van die werknemers wat met MIV leef in die NPC is dat daar potensieel 'n hoë risiko om gestigmatiseer en teen gediskrimineer binne die werkplek, want daar is geen inligting oor MIV en vigs of stigma-bewustheid onder die werknemers nie. Stigma en diskriminasie kan 'n werknemer se prestasie laat lei tot swak dienslewering.

'n Beskrywende navorsingsmetode is gebruik om die redes agter die persepsies van mense oor mense wat met MIV leef in die werkplek by NPC te ontleed. Die data is versamel deur middel van onderhoude en vraelyste. Die bevindinge het getoon dat werknemers om MIV en vigs stigma en diskriminasie as 'n kwessie dat mense wat met MIV leef in die werkplek beïnvloed. Dit is ook opgemerk dat daar geen forums is of inligtingssessies oor MIV en vigs wat by die NPC daarom is dit skaars om te vind personeel bespreek oor MIV en Vigs by die werkplek. Daarom moet NPC 'n MIV- en vigsberader of koördineerder aanstel wat probleme sal hanteer.

LISTS OF ABBREVIATIONS

The following acronyms and terms are used throughout the research proposal. They are listed here for reference and clarity.

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
KAP	Knowledge Attitudes and Practices
MoHSS	Ministry of Health and Social Services
NPC	National Planning Commission
NSF	National Strategic Framework on HIV and AIDS
PLHIV	People Living with HIV
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

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CHAPTER ONE

1. Introduction

1.1 Background

Namibia is situated in the South- West of Africa. It has a surface area of 824, 116 square kilometers. The population of Namibia was estimated at 1, 830, 330 in the 2001 census and by 2011 this had increased to 2, 180, 000. Forty-three percent of the population is under the age of 15 years, while less than four percent of the population is over 65 years. The average life expectancy has declined from 61 years in 1991 to about 48 years currently, mainly due to HIV and AIDS (Namibia Health Facility Census; 2009: 13). The Ministry of Health and Social Services (MoHSS) and Macro International, 2008 in Namibia Health Facility Census (2009: 13) indicate that about 17% of children under the age of 15 are orphaned, with one living parent or none. As a result, approximately 250, 000 children 18 years or younger are orphans and/ or vulnerable children (Namibia Health Facility Census, 2009: 16).

Generally, HIV and AIDS impact on the population as well as on the socio- economic development of the country. Namibia is one of the countries in sub- Saharan Africa with a high HIV prevalence. According to the National Sentinel Survey (2012) Namibia's HIV prevalence rate is 18.2% among pregnant women attending ante-natal clinic. HIV and AIDS is devastating many countries in the world, although in Namibia the response to the pandemic has been equally intensive including surveillance, prevention, treatment, care and support and impact mitigation with systems for response management instituted. Namibia has developed a National Strategic Framework (NSF) for HIV and AIDS response 2010/11- 2015/16 which succeeded the third medium term plan on HIV and AIDS 2004-2009.

The NSF is a long term strategic response developed and implemented by all stakeholders to improve quality of life significantly as the new HIV infections will be reduced by more than 50% by 2015/16, which is in line with the vision of UNAIDS.

Therefore, the following strategic priorities of the NSF for HIV and AIDS (2010/11-2015/16: 07- 08) are set:

1. To prevent new infections by reducing the annual number of new infections by 50% by 2015/16; Namibia has prioritised prevention as the key strategy in addressing HIV and AIDS. The aim is to reduce the number of new HIV infections to such a low level that the epidemic cannot sustain itself.
2. To ensure People Living with HIV (PLHIV) live longer through comprehensive treatment, care and support programmes; the priority of the government of Namibia is to improve the quality of life of PLHIV and have them live longer, by implementing the proposed treatment, care and support interventions.

As a result, the NSF for HIV and AIDS (2010/11-2015/16) has been implemented by all stakeholders in the country, aimed at reducing the number of new HIV infections by addressing the set strategic priorities in the NSF.

Although much awareness on HIV and AIDS has been created over the recent years through social and behaviour change communication there is still much stigma and discrimination surrounding PLHIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has set a target of “Zero new infections, Zero AIDS death and Zero discrimination against PLHIV” as the target to be achieved by 2015 (UNAIDS, 2010).

Stigma and discrimination against PLHIV is often a day to day issue be it in health facilities, homes, social circles and in the workplace. Goffman (1963) quoted by Molefe (2009) in Anthony (2011: 01) has defined stigma as a deeply discrediting attribute that reduces a person to someone who is in some way tainted and can thus be reticulated. Therefore, stigma in the field of HIV and AIDS can be felt globally, in particular Namibia. Anthony (2011:01) argues that, HIV and AIDS related stigma take many forms and manifest at different levels (individual, community and societal) and in different contexts. The workplace is often one of the contexts where HIV and AIDS stigma and discrimination is manifested. Therefore, the study investigated the perceptions of employees towards PLHIV in the workplace at the National Planning Commission

(NPC) in Windhoek. The study was informed by the fact that PLHIV are mistreated which impact negatively on their health and social wellbeing and self-esteem, and affect their productivity at workplaces.

1.2 Problem Statement

The Office of the Prime Minister is the custodian that coordinates all response to HIV and AIDS related programmes and policies in all the Offices, Ministries and Agencies in Namibia, and has mandated the Offices, Ministries and Agencies to implement effective workplace programmes and policy on HIV and AIDS to mitigate the impacts. However, based on the information provided during the research study, it was clearly indicated that there is no HIV and AIDS committee at the NPC. As a result, there are no HIV and AIDS workplace policies aligned to the NPC mandate nor focal persons to coordinate the workplace programme. The HIV and AIDS workplace programme has been in draft form for the past five years without being signed off and has never being implemented.

As a result, there is widespread ignorance about the content of the workplace programme and uncertainty about its implementation since there is no Sectoral Focal Persons responsible for the coordination of HIV and AIDS in the workplace. In addition, there is no dedicated budget for the implementation of HIV and AIDS programme. Therefore, as Milan (2004) in Anthony (2011: 02) noted, by not affirmatively addressing or supporting educational programmes and health care initiatives concerning HIV and AIDS, workplaces allow stigma to flourish. Therefore, employees living with HIV at the NPC are at risk of being stigmatised and discriminated against at the workplace since there is no information or awareness about HIV and AIDS stigma among the employees.

Morrison (2006: 02) states that the effects of HIV-related stigma and discrimination can be felt on many levels: individual, family, community, programmatic, and societal. Moreover, the author further argued that they represent obstacles such as preventing individuals from being tested; preventing persons from recognising that they or family members are positive; inhibiting people from seeking care, support and treatment; causing people to mislead others; negatively affecting quality of life and eventually leading to increased transmission, morbidity and mortality. Therefore, stigma and

discrimination at workplaces occur when employees are not sensitised and made to understand more about HIV and AIDS. The workplace is therefore a good place to address HIV and AIDS stigma and discrimination, should the policy and programme be implemented effectively.

However, there is no evidence available at the NPC that determines what the perceptions of employees to HIV and whether these perceptions are stigmatising and have or could lead to discrimination at the workplace. Therefore, the research study explored the perceptions of employees about colleagues living with HIV at the workplace and recommend strategies that will lead to the implementation of an HIV and AIDS policy and programme at the NPC.

1.3 Research Question

How do employees at the NPC perceive PLHIV at their workplace?

1.4 Significance of the Study

The study will benefit the organisation and Government Ministries in Namibia as well as PLHIV, other researchers and policy makers since the findings from the research could be used to enhance policy development and implementation. In addition, the study will enhance the knowledge of the researcher on employee perceptions towards PLHIV at the workplace. The study will also provide new academic information to the African Centre for HIV and AIDS Management for future research references on the investigation of perceptions on employee perceptions to people living with HIV at the workplace, and it will provide feedback on the findings to the NPC on the investigation on perceptions of employees towards people living with HIV at the workplace. Once management and leadership of the NPC understand the perceptions of employees to HIV, such information will strengthen their motivation to manage the response of HIV and AIDS by initiating proper intervention strategies at the workplace.

1.5 Aim and Objectives

The aim of the proposed study was to investigate the perceptions of employees about PLHIV at the workplace in order to assist in the development and implementation of HIV and AIDS policy and programmes in the workplace.

In order to achieve the aim, the following five objectives were addressed. To:

1. Identify employees' perceptions of PLHIV in the workplace;
2. Identify employees' attitude towards PLHIV in the workplace;
3. Establish the employees' behaviour towards PLHIV at the workplace;
4. Assess the knowledge of employees on HIV and AIDS stigma and discrimination;
5. Make recommendations about how HIV and AIDS stigma and discrimination can be addressed in the workplace policy and programme.

1.6 Outline of Chapters

Chapter one details the background and rationale of the study, problem statement as well as aim and objectives of the study.

Chapter two reviews the past studies on the investigation of perceptions of employees to people living with HIV in workplace of NPC.

Chapter three highlights the research design to be used in the study, the population in terms of selection and the sample size. It further details on the research instruments to be used; the questionnaire distributed, the face- to- face interview facilitated; the data collection process; analytical process and the ethical issues the researcher to consider during the research project.

Chapter four presents and analyses information gathered from the survey and face to face interview. This chapter will also remind the reader of the research questions in chapter one, where the main research question will be will analyzed.

Chapter five presents the findings of the study with the intention to compare and contrast the research findings in comparison with other literature.

Chapter six details the conclusions and recommendations related to the results and analysis of the study for the NPC.

CHAPTER TWO

2. Literature Review

2.1 Introduction

In this section, related literature was reviewed and the theoretical framework has to be presented to fill the gap of the current situation at NPC and the findings of the study on the perceptions about people living with HIV and AIDS at workplace. Both the theoretical and empirical literature was reviewed on the subject studied and that will help to solve the problem at NPC.

2.2 Brief Overview of the NPC

The NPC is an agency that is given power by the Head of State to coordinate the planning national priorities and directing the national development in the country (Constitution of Republic of Namibia under Article 39). The NPC has been coordinating the implementation of the National Development Plans as they are busy now with the fourth National Development plan (NDP4) guided by the following goals; High and sustained economic growth, Increase income equality and employment creation. In addition, NPC has the following departments; Macro- Economic Planning, Monitoring, Evaluation and Development Partners Coordination, National Development Advise, Regional and Sectoral Planning, and Policy Coordination and the Directorate of administration.

The NPC is the highest office operating under the Office of the President however; the researcher would want to investigate the perceptions about people living with HIV in the workplace since HIV and AIDS is a national development challenge in the country.

2.3 Manifestation of stigma and discrimination at workplaces

According to (UNAIDS, 2002).in Brouard and Wills (2006) defined stigma as an attribute or quality that “significantly discredits” an individual in the eyes of others. Stigma is a process and occurs within a particular culture or setting- certain attributes are seized upon and defined by others as discreditable or unworthy. Therefore, stigma is measured to be an opinion of someone or people that lead to individuals to act upon such opinions

that may lead to discrimination. In addition, “some of the most harmful effects of stigma occur when individuals start stigmatised themselves. Self-stigma is the acceptance of prejudiced perceptions held by others. This can lead to reluctance to seek treatment, excessive reliance on others; social withdrawal, poor self-worth and it may also lead to abuse of alcohol and drugs” <http://www.sane.org/stigmawatch/what-is-stigma>

Therefore, AIDS-related stigma defines as prejudice, negative attitudes, abuse and maltreatment directed at PLHIV. The results of stigma and discrimination are wide-ranging from being shunned by family, peers and the wider community, poor treatment in healthcare and education settings, an erosion of rights, psychological damage, and a negative effect on the success of HIV testing and treatment (<http://www.avert.org/hiv-aids-stigma-and-discrimination>). Many times, people living with AIDS may die not because they are sick, but because of stigma and discrimination. Therefore, Stangl et al (2012: 01) argue that HIV-related stigma and discrimination continue to be experienced across the world, delaying the scaling-up of HIV prevention, treatment, care and support programmes.

Similar, in some cases, PLHIV have been rejected by their loved ones and their communities, unfairly treated in the workplace, and denied access to education and health services (Smart, 1999: 120). Therefore, the author further argues that, fear of discrimination often discourages people from seeking treatment or from disclosing their HIV status, which makes prevention and management of the disease very difficult. This is because, some PLHIV may be reluctant, and unwilling to go for an HIV test or seek HIV treatment and care. All these are caused by fear of judgement by people.

According to Kidd and Clay (2011: 23) state that discrimination against and stigmatisation of employees living with HIV undermines efforts to promote HIV prevention and often leads to people delaying testing and treatment, and even the death of employees in the workplace. However, in workplaces, HIV and AIDS related stigma and discrimination can be reduced through workplace HIV and AIDS prevention programme implementation in any organisation including NPC.

2.4 HIV and AIDS in the World of Work

HIV and AIDS continues to overwhelm the Sub-saharan Africa including Namibia. Therefore appropriate response mechanisms to minimise the effects of the HIV and AIDS among its employees and operations is important in many organisations. Generally, HIV and AIDS threatens the performance of employees in any organisation due to the fact that, such employees may be going through a difficult period, and psycho- social support interventions may be needed at workplace to help them. Therefore, an HIV and AIDS policy and programme can play a vital role in raising awareness around HIV and AIDS stigma, preventing infection and protecting the rights of people living with HIV. The HIV and AIDS policy of any organisation has to comply with national and international legislation on HIV and AIDS. Based on fundamental principles of human rights as enshrined in the Constitution of the Republic of Namibia, the provisions of the Labour Act No. 11 of 2007, National Code on HIV and AIDS and Employment, National Policy on HIV and AIDS, the Offices/ Ministries/ Agencies shall:

1. Ensure equality in access to opportunities and benefits both patrimonial and non-patrimonial;
2. Promote non- discriminatory practices in the workplace;
3. Promote equality within workplace.

Therefore, article 10 of the Constitution in Namibia guarantees the right to equality and freedom from discrimination says “all people shall be equal before the law”. With this reason, an employee living with HIV in any organisation has the same rights as all other citizens by the Namibian Constitution and should not be discriminated. One of the most significant barriers to effectively addressing HIV and AIDS at workplace is the mistreatment of PLHIV, because of silence. People are afraid to disclose and live openly with HIV due to their fear of being rejected and stigmatised.

This is a main reason why many people are afraid to see doctors to determine whether they are HIV-positive, or to seek treatment if so. This leads to people being silent about their HIV status, because people fear the social disgrace of speaking about it, or taking

easily available precautions. “Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world” (The UN Secretary-General Ban Ki Moon in Anthony, 2011: 08).

Similarly, Morrison, K (2006: 2) says that HIV-related stigma and discrimination are recognized as two key factors that need to be addressed to create an effective and sustained response for HIV prevention, care, treatment, and impact mitigation. The employees living with HIV do have internal stigma where they may feel guilty, sad, not worth living because he or she is living with HIV.

Many times, stigma and discrimination related to HIV and AIDS in the workplaces are quiet challenging, such issues related to HIV and AIDS can be conflicts in relation to the right of people living with HIV and AIDS. Therefore, it is important for an organisation like NPC to set standards using possible approaches that can be used to implement policy and programme to minimise stigma and discrimination in the workplace. However, workplace is a good place to challenge stigma and discrimination related to HIV and AIDS by means of information awareness campaigns and education and providing pschyco- social support services to those employees who are in need of such services. For this reason the workplace create a stigma free- environment where employees will be given opportunity for awareness raising on the effects of stigma and discrimination related to to HIV and AIDS, education programmes on prevention, treatment and care, Voluntary Counselling and Testing, pschyco- social support services for example, counselling and information about the protection of rights of employees.

2.5 Current Research Gap on HIV and AIDS Stigma

According to Keulder (2007: 01), stigma is seen as an obstacle to the prevention, care and treatment of HIV and AIDS. The author added that “Labels matter” as they often evoke a wide range of reactions from individuals, groups, communities or even nations. To Keulder (2007: 01), these reactions can range from the benign (sympathy, empathy) to the malignant (anger, violence) and in some cases individuals have been killed for making their HIV status public. In comparison, according to Kalichman (2004), people with HIV feel isolated, guilty, dirty and full of shame, which is incorporated into the

identity. As a result, people living with HIV and AIDS are often stigmatised and feel being not wanted in the society due to internal stigma. Therefore, stigma and discrimination are some of the drivers of HIV and AIDS stated in the Namibia National Strategic Framework on HIV and AIDS, (2010: 21). This is because, stigma and discrimination against PLHIV threatens fundamental rights more especially at workplaces.

In many workplaces Mphumela (2009: 22) argues that in reality many employees are not treated fairly, nor with and respect despite the legislation that is in place at workplaces and the standards that are set for working conditions and labour relations in terms of protecting rights of employees with HIV and AIDS. The Namibian Public Service HIV and AIDS Workplace Policy (2009) has a number of key and fundamental principles that provide the public sector's position on HIV and AIDS in the workplace as well as on the rights and responsibilities of the public sector as an employer in the context of HIV and AIDS.

Similarly, employees in Namibia are being protected as stipulated in the Namibian HIV and AIDS Charter of Rights of 2000 that there shall be no compulsory HIV testing at workplace. Therefore, HIV testing shall be voluntary and shall be done in accordance with the normal medical rules and ethics with the necessary pre- and post-test counselling. In addition, the Charter further indicated that, voluntary counselling and testing will be encouraged with the aim of helping employees to know their status and to make informed and safe decisions regarding their sexual life and to get appropriate medical care and support.

In support with the Namibia HIV and AIDS Charter of Rights, employees living with HIV have the same rights as those that apply to all employees at workplace as it is stipulated in Universal Declaration of Basic Human Rights (1948). As a result, employees living with HIV have a right not to disclose their HIV status without their informed consent, they also have the right to access to occupational benefits and continue working as long as they are medically fit. Consequently, employees living with HIV should not be discriminated against because of their HIV status.

However, Namibian public institutions are mandated to mainstream HIV and AIDS programmes but many institutions including NPC have not done much in terms of implementing HIV and AIDS policy and programme to address HIV and AIDS stigma and discrimination, prevention of HIV infection, voluntary, counselling and testing, treatment, care and support, leadership involvement in HIV and AIDS awareness and campaigns, promote health living of PLHIV in the workplace and many programmes that will reduce the impact of perceptions of PLHIV. To such an extent, public institutions including NPC with the coordination and support from the Office of the Prime should ensure leadership involvement in programmes and policy implementation, budget allocation and full-time staff members to coordinate such programmes and policy implementation.

2.6 Conclusion

The different literature was reviewed to the study at hand and were helpful in providing direction on exploring and addressing the perceptions of employees to people living with HIV at workplace of NPC. The literature has also concluded that, having legislation on HIV and AIDS in place at workplaces is not the only solution to addressing stigma and discrimination for employees living with HIV and AIDS. It should however be noted that, the positive effects are worth more than the extra costs involved, where most of our managers do not respond to the HIV and AIDS stigma at workplaces. In support with the above points, advocacy sessions and prevention awareness including on HIV and AIDS at workplaces counselling need to be effectively implemented in order to reduce stigma and discrimination against employees living with HIV at workplaces.

CHAPTER THREE

3. Research Methodology

3.1 Introduction

This section highlights the research design used in the study, the population in terms of selection and the sample size. It further details the research instruments used; the data collection process; analytical process and the ethical issues the researcher considered during the research project.

3.2 Research Design

The research study used both qualitative and quantitative research approaches. This is because it enabled the researcher to collect relevant data that was related to the research objectives, when the mixed research method was used. The quantitative approach entailed a survey and qualitative approach is the in- depth interview. According to Ivankova, Creswell and Clark (2008: 260) mixed research methods can be defined as a procedure of collecting, analyzing and mixing both qualitative and quantitative data to understand the research problem more comprehensively. The use of mixed research methods allow for the researcher to collect both numeric and textual data concurrently or in sequence. Similarly, Matveev (2002) in Anthony (2011: 16), applying both quantitative methods and qualitative methods in research has certain advantages. He states that quantitative methods ensure high reliability of data gathered and qualitative methods allow for obtaining more in- depth information about the phenomena under study.

However, the mixed methods of quantitative and qualitative are different in terms of their flexibility. According to Mack et al. (2005: 03), quantitative methods are fairly inflexible. With quantitative methods such as surveys, researchers ask all participants identical questions in the same order. The advantage of this inflexibility, it allows for meaningful comparison of responses across participants and study sites. Unlike, qualitative methods are typically more flexible therefore; Mack et al. (2005: 03), such flexibility allows greater spontaneity adaption of interaction between the researcher and the study

participant for example; qualitative methods ask open- ended questions, where participants are more freely to respond in their own words. According to Myers (1997) in Anthony (2011: 16), qualitative methods are extremely useful when the study area is not well understood, complex, sensitive and requiring lots of detail. The qualitative research design will be conducted in- depth interviews to expand the knowledge through the survey.

3.3 Data Collection Methods

3.3.1 Population

The population in research methodology refers to the group of potential participants to whom you want to generalise the results of the study, and from which the sample is selected (Welman, Kruger, Mitchell, 2005; 52). The target population of research study consisted of the total number of employees in the NPC. The total population is 113 employees including both male and female where either be a member of management or not management. The total number of male employees at NPC is 46 while the total number of female employees is 67. The total number of managers at NPC is six. The NPC is divided in three Departments and one Directorate, and participants who took part in the study were derived from those departments/ directorate. This office is situated in the capital city of Namibia, Windhoek. (NPC Human Resources Division: 2014).

3.3.2 Sampling Method

In this study, convenience sampling was used to select representatives in the study. According to Christensen et al (2011: 158), when using convenience sampling, you simply ask people who are most available or the most easily selected to participate in your research study. Therefore, an employee falls in age range of 20 to 60 years working in the NPC were ready to be selected to participate in the study. The age group chosen is the age group currently employed at NPC. The NPC employee structure consists of 113 employees, intitial the sample size was 35 however, only 28 employees who were readily available to take part in the study. The proportion of the study was calculate as follow: $28 / 35 \times 100 = 80\%$. This simply means that the proportion achieved in the study was 80%.

3.4 Measuring Instruments

3.4.1 Questionnaire

A questionnaire was developed and distributed and used as the survey tool for the study. The questionnaire consisted of both open- and closed- ended questions, and used for both quantitative and qualitative research. Christensen et al. (2011: 56) defined a questionnaire as a self- report data collection instrument that is filled out by research participants. Therefore, questionnaire measure participants' opinions and perceptions and provide self- reported demographic information. The target of the questionnaire was 20 employees of NPC to take part and all 20 took part in responding to the questionnaires. In achieving the above, the questionnaire of the study contained 20 questions of which 5 of the questions were open- ended. The last five questions in the questionnaire were the open- ended questions where participants answered based on their facts and understanding.

In addition, 20 respondents took part in answering the questionnaires. However, not all 20 participants answered the opened- ended questions. Only 16 participants answered the questions in full. The reason was not known since they indicated nothing on the question answer, however the reason could be, they may not be comfortable with the answer or perhaps they don't know the answer. The questionnaire was administered in English and all participants who took part in the study speak and write English.

3.4.2 Face- to- face interview

In order to supplement the data collected through the questionnaire, the face-to-face interview was chosen as the desired method for the research. At the beginning of each face- to- face interview, the researcher ensured that the interviewee was comfortable. The employees that took part in the face- to- face interview were not part in answering the questionnaire. This was a new group of employees, the reason of selecting people who were not interviewed in the questionnaire was that, the researcher wanted new ideas and opinions from other employees who did not take part in the study before. However, each person was interview at his or her own pace and the interview lasts for approximately 30 minutes. The interviews were conducted in a private, quiet space at the workplace.

The researcher often requested her interviewees to use their offices especially during lunch time and conduct the interview without disturbance. The interviews were conducted two weeks due to the fact that, the employees were not always available, some were out of office or some claimed to be busy with their office duties. Therefore, the researcher has to be patient and continued going to NPC to ensure she get employees who are willing to be interviewed. eight out of fifteen interviews were conducted using a semi-structured interview that facilitated the process. At the end of each interview, the researcher acknowledged the participant for his or her active participation in the interview.

Christensen et al. (2011: 337), the face- to- face interview method, typically involves obtaining responses by conducting a personal interview. In this case, the interview was conducted at the workplace in a confidential environment. The technique had the advantages of allowing the interviewer to clear up any ambiguities in the question asked and to probe for further clarification of responses if the interviewee provided an inadequate answer. In addition, the face- to- face guide was used to help the researcher to probe for clarification and in- depth answers from the respondents. The participants for the interview were selected using a stratified sampling method. The sample was stratified and selected a range of men and women from different departments of the NPC and at different levels of management.

As a result, stratified sampling method ensured representation from each of different management levels. In stratified sampling, Christensen et al. (2011: 154) indicate that, the population is divided into mutually exclusive groups called strata, and then a random sample is selected from each of the groups. The set of groups make up the levels of the stratification variable. In this case, if gender will be the stratification variable, then the population sampling frame will be divided into a group of females and a group of males. Therefore, a random sample of specific size was drawn from each of the different groups of stratum of the population.

3.5 Data Analysis Tools

After the data was collected using the questionnaire and a face- to- face interviews. The data was captured and then analysed in order to capture the outcomes of quantitative

and qualitative data. Furthermore, using quantitative analytical data, the data was compared and evaluated using a descriptive research method to analyse the perceptions of employees towards PLHIV in the workplace at the NPC. Therefore, Christensen et al. (2011: 499), defines descriptive statistics as the type of statistical analysis focused on describing, summarising or explaining a set of data. In addition, the frequency figures were used during the study. The quantitative data was converted to percentages, to present and reflect the responses from participants using Microsoft excel. In contrast to quantitative data, the qualitative data was analysed based on the “why” questions and also based on the respondents’ attitudes and behaviours during the study. However, the in- depth face-to-face interview data were analysed based on the response of the participants.

Based on the analysis and findings of the research conducted, a detailed discussion of the results of the survey was attempted. A total of 28 participants took part in the survey where 20 of them responded through the questionnaire while 8 of participants took part in the face- to- face interview. The principal objective of the study is to analyse the perceptions of employees living with HIV at NPC using descriptive research method for analysis and discussion. This would be done with a view to develop policy framework for future interventions on HIV stigma and discrimination in workplace.

3.6 Timeframe

The research study was completed in the period of 6 months. The project plan was conducted in different phases indicated below;

- Phase 1 (July 2013): The project was set up, consultation was done with relevant stakeholders and research proposal was submitted to the REC for ethics approval;
- Phase 2 (August 2013): The research proposal was approved by the REC;
- Phase 3 (September 2013) Pre- study was conducted;
- Phase 4 (October 2013): Field trip and data collection were conducted;
- Phase 5 (December 2013): Analysis and production of sub- report
- Phase 6 (January 2014): Final report of the research study.

3.7 Ethics Consideration

The study was based on the use of human subjects for completion. According to Christensen (2011: 113) there are ethics principles focusing on research with human participants. These include the issues of institutional approval, informed consent, deception and debriefing. In addition to these issues are the issues of freedom to decline to participate in or to withdraw from the study at any time and of confidentiality and anonymity. Therefore, the ethical issues as stipulated above were applied in the study. The following were some of the ethical principles used during the study;

1. Participation in the selection of sample was voluntary, in that no staff members at NPC were forced to participate in the study; the researcher explained to the participants that they have the right to decline to participate in the study.
2. The participants were informed that information that was obtained in the study will remain confidential and will be disclosed only with their permissions. Confidentiality was maintained by means assigning numbers to the questionnaires therefore, no names of participants were required in the study.
3. The permission to conduct the study was approved by the Ethics Committee of the University of Stellenbosch for the researcher. *See attached annexure*
4. NPC also authorized the request of the researcher to conduct the study at their workplace
5. Data is stored in the researcher's office at work. The office is secure with control access. The key to the office is secure and only one person has access to the key. The investigators are the only people that will have access to unprocessed data. The findings of the research study will be presented in a report without identifying the participants by name.

3.8 Limitations of the Findings and Suggestions for Further Research

This study has revealed some perspectives and experiences of a small group of NPC employees concerning the perceptions of PLHIV in the workplace. This is because the scope of the limitations of the study, the results are not unable to represent the general population of the NPC. This research only sampled of 28 employees using convenience sampling, where only employees who were available to participate in the study were

selected. However the researcher suggest that further studies can be made to more employees in order to get different views and perspectives on the perceptions of people living with HIV and AIDS at workplace at NPC.

CHAPTER FOUR

4. Research Findings and Data Analysis

4.1 Introduction

This chapter is analysing all the relevant information about the respondents' response to the questionnaire distributed and interview conducted at NPC. Most topic relation questions were analysed and viewed together as discussed. The figures using charts were used to demonstrate respondent's answers.

4.2 Socio- Demographic Details of Respondents Completing the Questionnaire

4.2. 1 Gender

Table 4.2.1 Respondents' Gender

Gender	No. of respondents	% of respondents
Male	8	40%
Female	12	60%
Total	20	100%

According to the information on Table 4.2.1, the study established that of those who completed the questionnaire 12 (60%) of the participants were female while eight (40%) were male.

4.2.2 Main language

All of the 20 respondents speak and read English however; respondents do speak their vernacular language at the NPC. About 55% of respondents speak Oshiwambo - the local language of the majority of Namibians and also the second mostly used in the country. 20% speak Damara- Namaand Lozi while 10% of individuals speak the following main languages (Afrikaans, Rukwangali and Otjiherero) as it is shown below.

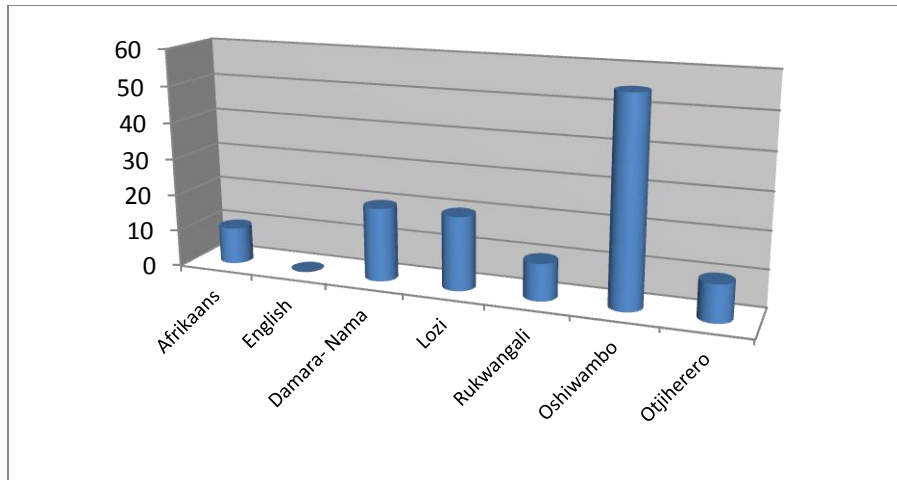


Figure 4.2.2: Main language

4.2.3 Age group

The study established that 35% of the respondents are between the ages of 30- 39 years, 30% of them are at the age between 20- 29 years, and 20% of them are between the ages of 40- 49 years while 15% of the respondents are at the age of 50- 60 years.

This is shown in the figure below.

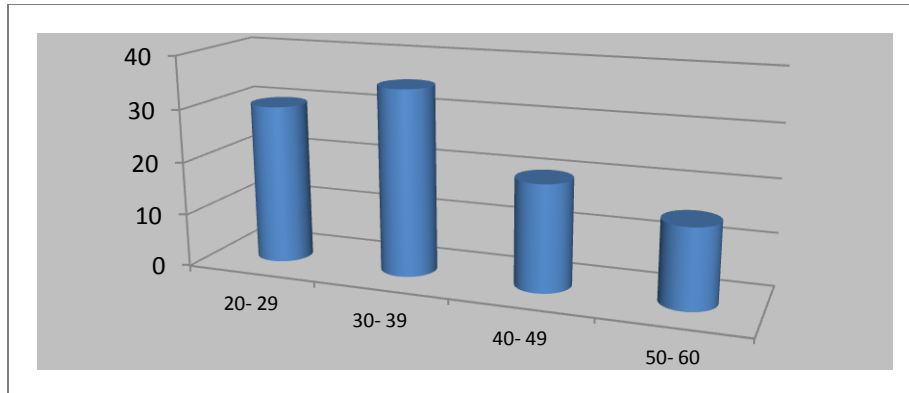


Figure 4.2.3: Age group

4.2.4 Marital status

Based on the findings of the study, the majority of the respondents were single. The 55% of respondents are single while 35% are married. The other 10% of the respondents did not indicate as to whether they are single (living with a spouse) or going steady (not living with spouse) or widow or divorced as it appears on the figure below.

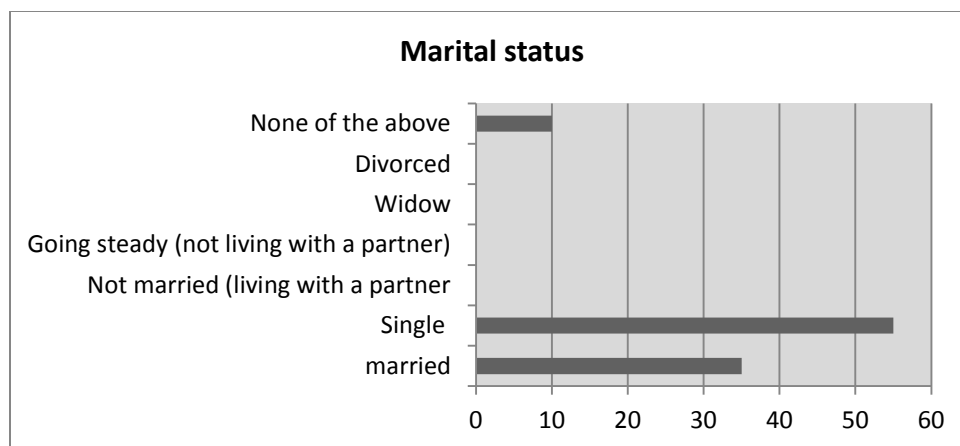


Figure 4.2.4: Marital status

4.2.5 Highest qualification

The study established that the NPC has a fairly educated employees with 60% respondents having completed post-school education while 30% have matric qualification (or Grade 12). Ten percent of individuals indicated they have completed Grade 10, and the other 10% had primary school qualifications. None of the respondents indicated that they had no formal education.

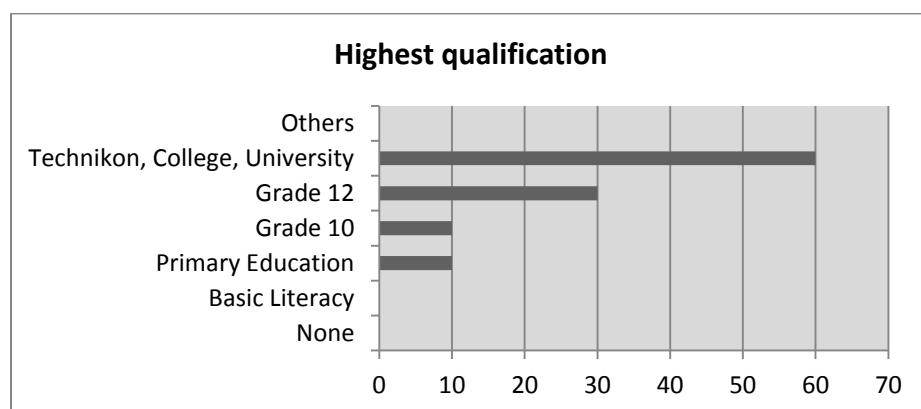


Figure 4.2.5: Highest qualification

4.3 HIV and AIDS- Related Knowledge and Attitudes

The understanding of HIV and AIDS in terms of knowledge and attitudes was assessed. The questions were addressed looking at the facts about HIV transmission and the risk factors that lead to someone to get infected by HIV. The study revealed that employees at NPC have knowledge about HIV and AIDS although they are not trained or received information at workplace. However, employees reported that they do get information

about HIV and AIDS from mass media or health providers outside the workplace. The respondents were interviewed based on the following questions:

4.3.1 The sources have you heard about HIV/AIDS?

The study established that all the employees at NPC that took part in the study have heard about HIV and AIDS. Furthermore, participants indicated that they acquire information about HIV and AIDS from the following sources; 61% employees get information from mass media, 26% employees get them from health providers, nine percent of employees get them from workplace while four percent employees indicated that they received training on HIV and AIDS. This is shown below in the figure below.

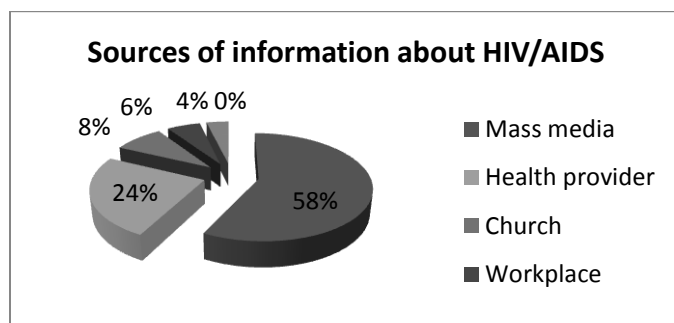


Figure 4.3.1

4.3.2 Mode of HIV transmission

In addition, the study revealed that all the 20 participants responded that a person can get infected by HIV by having unprotected sex with a person who is HIV positive. Therefore, study revealed that a person can get infected by HIV if she or he involves in unprotected sex with someone who look healthy yet his or her HIV status is not known. The study further established that the respondents on the questionnaires knew about the transmission of HIV therefore, all 20 respondents believed that a person can become infected with HIV when he or she shares needles with a person living with HIV. Another mode of transmission of HIV is mother to child, the respondents who took part in the questionnaires indicated an unborn child become HIV positive if his/ her mother is HIV positive.

As a result, study has established that 50% of the employees do not know if a HIV positive mother can infect her unborn child, however 35% of the respondents gave a "yes" answer while 15% of the respondents gave a "no" answer.

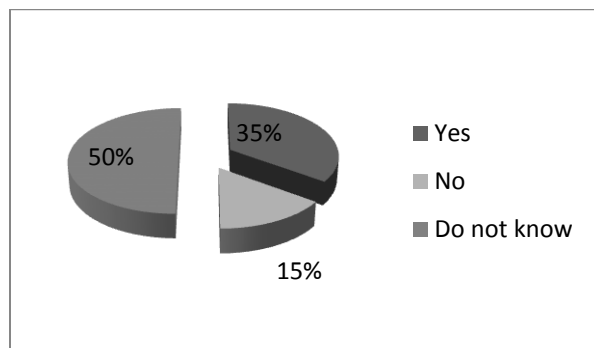


Figure 4.3.2

4.3.3 Excessive use of alcohol or drugs a contribute to HIV infection

The study revealed that 100% of the employees who took part in the questionnaire are aware that excessively use of alcohol or drugs contribute to the increased risk of HIV infection.

4.4. Perceptions about PLHIV at the Workplace

The study established that the awareness in terms of stigma toward PLHIV is understood by the respondents that took part in the study. Therefore, the study revealed that participants know what PLHIV go through and that they need to be taken care of. This can create a stigma free environment by means of HIV and AIDS stigma prevention intervention programme.

During the study, participants were measured based on their perceptions or attitudes toward their fellow employees who are living with HIV or has AIDS using the following points;

1. Willing to work with him/ her who is HIV positive

The study indicated that 95% of the respondents replied that they would be still work with a person living with HIV. Five percent of the respondents did not know as to whether they can continue sharing the office or not.

2. Willing to be allocated another office once you find out that your colleague you are sharing an office is HIV-positive

The study established that none of the employees participated in the study will want to be assigned a different office once she or he is told that the colleague sharing an office is HIV-positive.

3. Willing to ask to be assigned to work with somewhere else because your colleague in your office is HIV positive

The study established that all the employees participated in the study indicated that, there is no need for them to be assigned to work with someone else if the colleague that share an office is HIV-positive.

4. Willing to help a colleagues who is HIV positive when needs arise at work

All participants revealed that they would help their fellow employees living with HIV once the need arises at the workplace.

4.5 The professional psycho- social support services at the workplace

Only ten percent of the employees who took part in the study strongly agree that PLHIV need to be provided with professional psychosocial support services at the workplace. Psychosocial support is considered to be a very critical form of support to people living with HIV or AIDS to cope well at work. While 90% of the respondents indicated that they are agreement for PLHIV to be provided with professional psychosocial supports when needed in the workplaces.

4.6. Open-ended Questions

The last five questions in the questionnaire were the open- ended questions where participants answered based on their facts and understanding. However, not all 20 participants answered the opened- ended questions. Only 16 participants answered the questions in full. Here is the data presentation and analysis of the five points as follows;

4.6.1 Understanding of HIV and AIDS stigma- related

The study revealed that respondents have knowledge on stigma. One respondent defines stigma as "a feeling of unworthy, disgrace on a certain circumstances or quality compared to another person. In short, "stigma is a feeling of shame". In addition, one of the participant define stigma as a mark of disgrace associated with a certain person or circumstance. As a result, one added that, stigma is a negative perception whether it is right or wrong toward any given issue. One participant added that stigma is when someone doesn't want to accept the fact that there is a problem because he or she is afraid to be judged by other people. All the respondents gave an explanation of what stigma is which indicated that participants a fair understanding of the concept based on theory.

4.6.2 HIV and AIDS stigma of PLHIV at workplace

The study established that a lack of information is a key driver of stigma toward PLHIV in the workplace. One respondent stated that "I think colleagues might be afraid to contract the disease just by being in the presence of such a person's saliva". In such case, misinformation and myths are the main reason driving HIV stigma at workplace. As one respondent further indicated that usually colleagues don't have enough information on the disease and they just see death or contagious disease when they see an HIV-positive staff member. One added that, being HIV-positive is always associated with sex or shame. Therefore, all participants emphasised the issue of lack of information about HIV and AIDS as a major concern when it comes to stigma and discrimination in the workplaces.

4.6.3 The impact of stigma and discrimination on PLHIV in the workplace

According to the respondents, stigma and discrimination has a huge impact on PLHIV in the workplace because it would result in those people not performing or executing their duties to the best of their abilities. One respondent indicated that PLHIV end up living in isolation and depressed due to the lack of confidence in them. Another participant added that, the impact of stigma and discrimination promptly forces someone to resign from his or her job. This is because they feel ashamed and guilty which contributed to excessively drinking alcohol or drug abuse in order to get away from the negativity surrounding them for instance, suicide which is seen as a solution to problems. All these

issues arise due to the loss of hope of PLHIV in the workplace as a result of internal stigma. Internal stigma is an effect of stigma in the workplaces including NPC.

4.6.4 Strategies that create stigma free environment at the workplace

The following are the strategies that emerged from the study that participants felt will create a stigma free environment at the workplace once implemented in the NPC;

1. To have an HIV and AIDS committee that would call up staff members to talk about issues affecting them and also counselling staff members who are in need of counselling;
2. The office should set a law that stipulates that, anyone living with HIV and AIDS to be allowed to disclose their status at the workplace only if they want to disclose;
3. One of the respondents recalled at certain period that, a directive was issued from the office of the Prime Minister for all Offices/ Ministries/ Agencies to establish a division of HIV and AIDS management which has never been done at the NPC. Therefore, the best strategy is to establish aggressive information sessions at workplace to sensitised colleagues on HIV and AIDS related information.

4.6.5 HIV and AIDS related discussions in the workplace

Based on the responses during the study indicated that 90% of employees took part in the study indicated that HIV and AIDS issues were not that often discussed at the workplace, only when the topic comes up which is a rare case at the NPC. Therefore, it is not common to discuss such topic at workplace. Ten percent of respondents stated that such discussions about HIV and AIDS happen in an informal way, for instance when colleagues are in groups just discussing issues affecting their lives it could be during office hours or lunch time.

4.7 Responses to the Qualitative Interview

The interviewees were passionate to participate and share their ideas on the perceptions about PLHIV in the workplace as it is presented and guided by the following questions below;

4.7.1 HIV and AIDS related knowledge and attitudes

The eight employees that were interviewed were asked how HIV is transmitted from one person to another person and also if excessive use of alcohol or drugs is a contributing risk factor to becoming infected with HIV.

They all revealed that their knowledge related to the knowledge and attitudes about HIV and AIDS as they all knew the factors about the HIV transmission. *“They said that HIV can be transmitted through unprotected sex, sharing of needles or sharp items that are contaminated by infected blood or from mother to child by means of breastfeeding or during pregnancy or delivery of a baby”* Therefore this has revealed that they have a knowledge about HIV transmission since none of them struggled to give the researcher an answer during the interview.

On the issue of excessive use of alcohol or drugs as contributing risk factors to becoming HIV-positive, most of the respondents said yes because, when you excessively use alcohol and drugs you are likely to be at risk of being infected by HIV since you are no longer stable, one added that you may end up nloving in unprotected sex with someone you may not know. Another one said that *“alcohol and drug become an issue in Namibia, young people have no longer have control over themselves but they let themselves to be controlled by alcohol or drugs”* while another one added stated that, *“alcohol and drugs lead people to commit evil things like having many partners, involved in unprotected sex even passion killing of their partners as a result alcohol and drugs have become part of the driving factors of HIV”*.

4.7.2 Stigma and discrimination in the workplace

During the interview, the interviewees were asked how they undertood HIV-related stigma and discrimination, and the response of all the participants showed that they understood what stigma and discrimination mean in terms of HIV and AIDS. Although they could not really express themselves in terms of defining the two concepts but once can really tell that they understood. Some said that, *“stigma is when someone living with HIV or AIDS and feel not recognised or wanted in the group”*. Other respondents

understood as *“a stage where a people is in denial and feel guilty because of HIV and AIDS and in most cases he or she ever using a blame language for instance, it is because of him I’m infected by HIV or I never wanted to have sex with him and he forced me”*. The participants also further looked at discrimination as a sign of stigma. They agreed that discrimination is about judging someone. Therefore, the respondents indicated that people tend to talk or judge other people who are suspected that they may or have infected by HIV.

Furthermore, the participants believed that people living with HIV are being stigmatised and discriminated against in workplaces. They further added that, in most cases stigma and discrimination occur when individuals do not have information about HIV and AIDS or the person who is living with HIV does not have a knowledge about HIV and AIDS. One of the respondent said that *“you find some people especially in the community where they don’t want to associate with someone just because she or he is now infected by the virus so they start to stay away from that person and it is really bad manner”*.

4.7.4 Impact of stigma and discrimination at workplace

When participants were interviewed about the impact of stigma and discrimination on PLHIV in the workplace, the majority gave almost the same views. They felt that, stigma is bad attitude since they make people to talk about other people in a negative way or else it makes PLHIV to think they are not worth living or they are useless and not needed in the workplace. Some said that *“if you want to see that the person is affected by HIV, it is very difficult unless you know his or her status but such people if they are not counselled they tend to withdraw in everything concerning works, they start being absent at work or feel sick in many cases as a result of stigma”*.

In addition, some further indicated that stigma a shame to cope with HIV and AIDS. This is because, the fellow employees may mistreat their fellow colleagues based on his or her HIV status if known. One stated that *“your colleagues will not want to talk to you if they hear about your HIV positive result even if they use to talk to you and that’s can make a person to feel bad or not needed”*. In most cases, people are not open to talk

about their HIV status at workplaces, because of the fear of being judged. As a result, stigma and discrimination contribute to lack of disclosure of HIV status in workplaces because the work environment is not conducive. Therefore, the message of disclosing or voluntarily counseling testing in workplace is not mainstreamed among NPC staff members. Similarly, these are some of the impact of stigma and discrimination the participants highlighted during the face-to-face interview.

However, the researcher desired to know the kind of support the respondents think are needed to be in place for people living with HIV at NPC, and majority of the participants felt they needed a HIV counsellor or someone who deal with problems related to HIV and AIDS to be appointed at NPC. Most of the reasons highlighted were of the opinion that staff members have problems that may affect their performance but they keep such problems to themselves. They said that if there was a coordinator dealing with such issues then staff members could be aware and may be counselled and be motivated to work.

4.7.5 Stigma and discrimination free environment

The respondents indicated that the following strategies should be implemented in order to reduce HIV-related stigma and discrimination in the workplace;

1. Workplace programme and policy on HIV and AIDS;
2. Budget allocation for the workplace programme;
3. Appoint a counsellor or a programme coordinator to deal with stigma and discrimination related to HIV and AIDS at workplace;
4. HIV and AIDS committee to be in place to mainstream HIV and AIDS programme;
5. Management and senior management to be well informed and support workplace programme on HIV and AIDS;
6. Education and awareness sessions on HIV and AIDS related issues to be held at NPC;

7. Voluntary, Counselling and Testing to be promoted so that staff members should know their status;
8. NPC to start commemorating World AIDS Day, 01 December every year as other offices.

4.7.6 Discussions about HIV and AIDS at Workplace

This was the last discussion for the face- to- face interview participants were asked if there by any chance in their workplace do they discuss about HIV and AIDS related issues with fellow employees. All of them said such discussions do not take place unless informal one if the topic just came up among friends or colleagues but its rare such discussions to occur at workplace. One of the interviewee added that *“colleagues here are busy with work or may be talk things that affect them at workplace but not like personal issues like HIV”*. Therefore, the dialogue established that workplace conversations or sessions on HIV and AIDS are not taking place at all in NPC.

4.7 Conclusion

The findings and analysis of information collected by means of questionnaire and face-to- face interview were presented in this chapter. The study established that employees perceive HIV and AIDS stigma and discrimination as an issue that affect people living with HIV in the workplace. It was also noted that there are no forums or information sessions about HIV and AIDS taking place in the workplace of NPC therefore it is rare finding staff members discussing about HIV and AIDS at workplace. However, the participants' knowledge and understanding of HIV and AIDS is good and have accepted that HIV and AIDS is an issue that have to be dealt with within the workplace therefore participants suggested some strategies NPC has to implement to to reduce HIV and AIDS within the workforce before too late. The next chapter will look at discussion of the research findings.

CHAPTER FIVE

5. Discussion of the Research Findings

5.1 Introduction

In this chapter, discussion of the findings of the study will be presented with the intention to compare and contrast the research findings in comparison with other literature. The limitations of findings and highlight areas for further research will be presented. The summary of the research findings will be concluded.

5.2 Discussion of the Findings from the Qualitative Data

5.2.1 HIV and AIDS related knowledge and attitudes

The findings obtained by the qualitative and quantitative data collection methods correlated in terms of knowledge and attitudes related to HIV and AIDS. In all the findings, the study revealed that participants in the questionnaire and face- to- face interviews have a satisfactory knowledge and accurate understanding of HIV and AIDS.

5.2.2 Existence of stigma and discrimination

The finding on stigma and discrimination, have differences in terms of the responses by participants in the questionnaire and the face- to- face interviews. However, they all undertood the meaning of stigma rather than discrimination and their impacts. Most of them indicated that the impact of stigma and discrimination may affect people living with HIV negatively in the workplace. Although participants revealed that they don't have a problem to share an office or work with someone who is living with HIV in the workplace, most of the respondents indicated that NPC needs to establish a platform to enable employees to openly discuss issues that affect their lives including HIV and AIDS management in the workplace Therefore, it was further tabled that workplace programme and policy should be implemented in NPC to educate staff members about HIV and AIDS stigma and discrimination related.

5.2.3 Impact of stigma and discrimination at workplace

During the face- to- face interviews and questionnaire analysis, the researcher found out that participants in the questionnaires and face- to face interviews, have given the same views when it comes to the impact of stigma and discrimination of PLHIV in the workplace. Based on their responses, it was clear that although there are negative perceptions about PLHIV in the workplace, respondents revealed that, due to stigma and discrimination, PLHIV may not be willing to be involved in any activity, or may be isolated from other colleagues or even not willing to adhere to their treatment because they don't want to be seen that they take medications or they visit clinics. Such fear or judgement can be reduce through the successful implementation of a workplace programme and policy on HIV and AIDS that will contribute to the reduction of stigma and discrimination of PLHIV in the workplace. Therefore, the participants who took part in both studies have indicated that HIV and AIDS workplace programme, implemented by an internal coordinator with the support of their leadership and management of NPC to educate and support staff members in order to improve the management of HIV and AIDS related stigma and discrimination in the workplace at NPC.

5.2.4 Stigma and discrimination free environment

In responding to the impacts of stigma and discrimination related to HIV and AIDS, the respondents in both the questionnaire and face- to- face interviews revealed that the following strategies need to be implemented in order to reduce HIV-related stigma and discrimination in the workplace;

1. Workplace programme and policy on HIV and AIDS;
2. Budget allocation for the workplace programme;
3. Appoint a counsellor or a programme coordinator to deal with issues related to HIV and AIDS at workplace;
4. HIV and AIDS committee to be in place to mainstream HIV and AIDS programme;

5. Management and senior management to be well informed and support workplace programme on HIV and AIDS;
6. Education and awareness sessions on HIV and AIDS related issues to be held at NPC;
7. Voluntary, Counselling and Testing to be promoted so that staff members should know their status;
8. NPC to start commemorating World AIDS Day, 01 December every year as other offices.

However, there was a difference in terms of responding due to the fact that in the questionnaire, they mostly emphasized on the HIV and AIDS committee, information sessions and a coordinator. Such strategies once implemented in NPC, the message on stigma free environment will be cleared and heard by every staff members in the commission.

5.2.5 Discussion of HIV and AIDS related at the workplace

Based on the findings from the questionnaire and the face- to- face interviews, the respondents revealed that there is no discussions on HIV and AIDS issues conducted at NPC unless when the topic comes up among friends or colleagues which is rare case at NPC. Therefore, the study establishes that it is not common to discuss such topic about HIV and AIDS in workplace. The reasons for such discussions not being taking place at NPC is that, there is no HIV and AIDS workplace prevention programme and policy that mandate such discussions to take place, neither is there a coordinator to facilitate such discussions.

5.3 Summary of the Findings

The socio-demographic information of the respondents who completed the questionnaire revealed that the age range of the participants who participated in the study were between 20- 59 years and the majority were single. The Namibia Sentinel Survey Report (2012: 15) indicated that the most highly infected age group infected by HIV is 35-39 years which is at 33.9% followed by the age group of 30- 34 years which stand at 30.8%. The study established that NPC may be at risk because, because the

majority of employees at NPC fall in the ages between 30- 49 years of age. This age group is a highly educated, productive age group and as well an age group which may at risk of infection. In addition, the majority of respondents have higher education.

The study revealed that employees of NPC have an understanding of what HIV and AIDS means, including the facts about HIV and AIDS including its transmission. Therefore, stigma towards fellow employees living with HIV and AIDS will not be a burden even if they come out openly about their status. Those employees interviewed stated that they will not have a problem sharing an office with someone living with HIV and they will be able to help them when they are in need. This is an indication that NPC have moved away from a vicious cycle of stigmatising people living with HIV.

Therefore, employees took part in the study revealed that people living with HIV in the workplace need professional psychosocial support services such as counselling, they also need to be taught about the rights of PLHIV under the Namibian labour law in terms of job security, benefits as employees, issues of confidentiality, privacy, informed consent and also accessing treatment, care and support.

The researcher recommends that since NPC is responsible for the coordination of national development in Namibia, HIV and AIDS mainstreaming should be a priority in their strategic plan. The evidence of the impact of HIV and AIDS in the NPC has not yet been established, however the HIV and AIDS may frighten the employees in the future in terms of staff performance or increased staff turnover. Therefore, prevention strategy is and shall always be the core of the prevention programme on HIV and AIDS at workplace. As a result, before the programme formulation, a monitoring and evaluation or Knowledge, Attitudes and practices (KAP) study should be conducted to determine the baseline in terms of HIV and AIDS related stigma and discrimination at NPC. The outcomes of the study will determine what kind of activities NPC will implement including the budget allocation.

The major concern arise from the study is that respondents revealed that it's rare to discuss issues related to HIV and AIDS in the workplace. Therefore, the study established that there is no HIV and AIDS prevention intervention programme that can

raise awareness about HIV and AIDS related stigma and discrimination. This shows that the level of stigma and discrimination on HIV and AIDS is high because, ignorance and a know how play a major roles in terms of implementing HIV and AIDS programmes. In addition, the level of stigma and discrimination could be high due to the fact, no one really see a need to have formal discussions or sessions about HIV and AIDS rather than discussing the core function related activities at workplace. Therefore, NPC hasn't realised that HIV and AIDS related topics are a concern and need to be discussed rather than some other national development concerns.

CHAPTER SIX

6. Conclusion and Recommendations

This chapter is divided into the following sections. Section 6.1 will detail the conclusion related to the results and analysis. Section 6.2 will present the recommendations to the NPC based on the findings.

6.1 Conclusion

As stated in Chapter One, this study aimed at investigating the perceptions about PLHIV at NPC in order to develop policy framework and programme for future interventions on reducing HIV and AIDS stigma within the workplace. The research found major findings that related to research aim and objectives as they follow;

Firstly, majority of respondents at NPC understood about HIV and AIDS and its effect on people living with HIV in workplace. Therefore, they don't have negative perceptions toward people living with HIV;

Secondly, the study established that employees who took part in the study have a knowledge about HIV and AIDS therefore their attitudes and behaviours based on their responses indicate that they know the precautions of being involve in unprotected sexual activity or excessive drinking of alcohol;

Thirdly, majority of respondents indicated that they did not know of any workplace discussion about HIV and AIDS related topics. Therefore, the NPC should implement HIV and AIDS prevention workplace programme that will educate and raise awareness about HIV and AIDS, making provision of psycho-social support, providing voluntary counselling and testing services and training and workshops on HIV and AIDS related stigma and discrimination in the workplace.

6.2 Recommendations

Based on the above findings and conclusion, the following recommendations about how HIV and AIDS in the workplace are suggested;

Firstly, further studies on HIV and AIDS should be rolled out to accommodate as many employees since the study conducted targeted only 35 which in the end reached only 28 staff members. The study should look at Knowledge Attitudes and practices of NPC staff members toward HIV and AIDS before they implement their policy and programmes on HIV and AIDS, in future they can still conduct an impact study on HIV and AIDS in the workplace;

Secondly, an HIV and AIDS Management Unit should be established and funded as to increase the role of 'lifestyle resource centre' and mitigate the impact of HIV and AIDS stigma at workplace;

Thirdly, the NPC should appoint staff that will be full time coordinators of HIV and AIDS workplace programme and policy;

Fourthly, the NPC should appoint a HIV and AIDS committee that will work closely with the workplace programme coordinator to facilitate the implementation of HIV and AIDS programme;

Fifthly, the NPC should be encouraged their employees to attend HIV and AIDS trainings or workshops so as to have a universal understanding about HIV and AIDS;

Sixthly, formal opportunities for workplace conversations on HIV ad AIDS should be created at NPC to create open platform discussions.

Seventhly, the Voluntary Counselling and Testing, Sexual Transmitted Infections, Continuum Care and Support of PLHIV, Home Base Care support, Bereavement Counselling, Stigma and discrimination of people living with HIV and AIDS should be promoted through workplace sessions;

Eighthly, NPC should allocate budget to HIV and AIDS programme;

Ninethly, NPC leadership and management should start actively being involve in the planning and implementation of the HIV and AIDS policy and programmes to reduce the drivers of the epidemic in the workplace mostly, stigma and discrimination

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APPENDIX A: LETTER OF INVITATION AND INFORMED CONSENT

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

TITLE: AN INVESTIGATION INTO THE PERCEPTIONS OF EMPLOYEES ABOUT PEOPLE LIVING WITH HIV IN THEIR WORKPLACE: A CASE STUDY OF THE NATIONAL PLANNING COMMISSION, NAMIBIA.

REFERENCE NUMBER: _____

You are being invited to take part in a research study conducted by Ms. Nahenda Saima Shikongo, an MPhil Student in HIV and AIDS Management from the Africa Centre for HIV and AIDS Management, Faculty of Economics and Management Science and the Principal Investigator, Ms. Caroline Wills at the University of Stellenbosch.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the International Declaration of Helsinki, and the South African Guidelines for Good Clinical Practice.

1. PURPOSE OF THE STUDY

This study aims to establish an improved understanding of stigma and discrimination experienced by employees living with HIV in the workplace to inform and enhance the planning of effective intervention strategies. The study will also measure the degree to which the employees in the workplace have the knowledge and skills to ensure HIV and AIDS interventions have a positive outcome.

The study will benefit the National Planning Commission, employees living with HIV, affected employees and their families. The study will also contribute towards extending other researchers' knowledge on the topic or other related topics. In addition, it will provide recommendations on the findings so as to create an enabling work environment for people living with HIV.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

1. Complete a questionnaire that would take approximately 30 minutes of your time
 2. Participate in a face to face interview that would take approximately 45 minutes.
- The interviews will be conducted in a private, quiet space at the workplace.

We would ask you to try to answer the questions as accurately as possible. Please tell the investigator if you have any time constraints or if you need to leave at any time during the interview.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no risks associated with the research questionnaire apart from certain questions that might be uncomfortable to answer. In addition, the face to face interview might lead to personal questions being asked.

You are free to decline to answer any question that you do not want to. If you do not agree to take part in the interview or answer particular questions, there will be no consequence for you. Your participation is anonymous and confidential, and your name will not be mentioned in the writing up of any reports or in the feedback to staff and management.

4. PONTENTIAL BENEFITS TO SUBJECTS AND/ OR TO SOCIETY

You will drive no personal benefit from the study. Your participation will benefit others by enabling social scientists to learn about the experience more about HIV and AIDS in the workplace. In addition, it will enhance your understanding about HIV and AIDS stigma in the workplace. It will also help in the development of strategies to mitigate the impact of HIV and AIDS stigma in the workplace. The copy of the study report may be provided if requested.

5. PAYMENT FOR PARTICIPATION

There will be no reimbursement for participation, although the information you provide will benefit others by enabling social scientists to learn more about HIV and AIDS stigma in the workplace. In addition, it may help you to understand stigma in the workplace.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means assigning numbers to the questionnaires. Data will be stored in the researchers' office at work. The office is secure with control access. The key to the office is secure and only one person has access to the key. The investigators are the only people that will have access to unprocessed data. The findings of the research study will be presented in a report without identifying the participants by name.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Ms. Nahenda Saima Shikongo at +264 81 407 649 7 or email: nahendashikongo@yahoo.com or Ms. Caroline Wills at email: carolinew@iafrica.com.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you questions regarding your rights as a research subject, contact Ms. Malene Fouche (mfouche@sun.ac.za; 021 808 4622) at the Division for research development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me, _____ by Ms. Nahenda Saima Shikongo in *English/ Oshiwambo* and I am in command of this language or it was satisfactory translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to

He/ she was encouraged and given ample time to ask me any question. This conversation was conducted in *English and Oshiwambo. No translator was used.*

Signature of Investigator

Date

APPENDIX B: QUESTIONNAIRE

You are invited to participate in this survey and fill in the form as honestly as possible. This questionnaire is strictly confidential and the responses should be anonymous. It will take about 30 minutes to fill out this questionnaire. Thank you for your participation.

Questionnaire ID number.....

Date (dd- mm- yyyy).....

SECTION 1: SOCIO- DEMOGRAPHIC DETAILS

Questions	Coding categories <i>(Tick the right answer)</i>
Q1. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Q2. What is the main language you speak at workplace?	Afrikaans <input type="checkbox"/> Oshiwambo <input type="checkbox"/> Otjiherero <input type="checkbox"/> Others (SPECIFY) <input type="checkbox"/>
Q3. How old were you on your last birthday?	Age in completed years [_ _]
Q4. What is your current marital status?	Married <input type="checkbox"/> Single <input type="checkbox"/> Not married (living with a partner) <input type="checkbox"/> Going steady (not living with a partner) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (SPECIFY) <input type="checkbox"/>
Q5. Highest qualification	None <input type="checkbox"/> Basic Literacy Course/ Adult Literacy <input type="checkbox"/> Completed Primary Education <input type="checkbox"/> Completed grade 10 <input type="checkbox"/> Completed grade 12 <input type="checkbox"/> Completed Technikon, College, University <input type="checkbox"/> Other (specify) [_ _ _ _ _]

SECTION 2: HIV/AIDS-RELATED KNOWLEDGE AND ATTITUDES

Q6. Have you ever heard of HIV or the disease called AIDS?	
Yes	
No	
Don't know	
No response	

Q7. From what sources have you heard about HIV/AIDS?	
Mass media	
Health provider outside workplace	
Workplace	
Other source	

Q8. Can you become HIV-positive by having unprotected sex with a person who is HIV-positive?	
Yes	
No	
Don't know	

Q9. Can you become HIV-positive by sharing needles with a person living with HIV?	
Yes	
No	
Don't know	

Q 10. Can unborn child become HIV-positive if his/ her mother is HIV-positive?	
Yes	
No	
Don't know	

Q11. Can you become HIV-positive by having unprotected sex with a person who looks healthy?	
Yes	
No	
Don't know	

Q12. Is excessive use of alcohol or drugs a contributing risk factor to becoming infected with HIV?	
Yes	
No	
Don't know	

SECTION 2: PERCEPTIONS ABOUT PLWHA AT WORKPLACE

Q13. What do you think you would do if you were sharing an office with a colleague who is HIV positive or has AIDS?		
a) Would you still be willing to work with him/ her?	Yes	
	No	
	Don't know	
b) Would you ask that he/ she be assigned to work in a different office?	Yes	
	No	
	Don't know	
c) Would you ask to be assigned to work with some else?	Yes	
	No	
	Don't know	
d) Would you go out to help him/ her when needs arise in terms with work?	Yes	
	No	
	Don't know	

Q14. Do you think the people who are living with HIV need to be provided with professional psycho-social support services at workplace?	
Strongly agree	
Agree	
Disagree	
Strong disagree	
Q15. If strongly agree or agree, why?	
.....	
.....	
.....	

Q16. How do you understand the term “stigma”?

.....

.....

.....

Q17. Why do you think people living with HIV and AIDS are stigmatized, especially at workplaces?

.....

.....

.....

Q18. What impact does stigma and discrimination have on HIV positive people at workplaces?

.....
.....
.....

Q19. What strategies to be in place to create stigma free environment at workplaces?

.....
.....
.....

Q20. How often do you discuss HIV and AIDS related issues with fellow employees at work?

.....
.....
.....

APPENDIX C: FACE- TO- FACE INTERVIEW GUIDE

You are humbly requested to take part in this exercise. Please feel free to provide as much open to the interview and honest information as possible.

Please note the following;

- a) This is an academic exercise;
- b) It is voluntary;
- c) No names or identifying information will disclosed;
- d) The information you provide will be used for this research purpose only and confidentiality will be maintained;
- e) The session will be taped to record the responses.
- f) The tapes will be destroyed at completion of the research study.

Guiding questions have been designed and I will lead the interview.

Face to face interview on the perceptions of employees about people living with HIV in the workplace.

Location:

Interviewer:

Date:

Time:

1. HIV and AIDS related knowledge and attitudes

- a) How is HIV transmitted?
- b) Is excessive use of alcohol or drugs a contributing risk factor to becoming infected with HIV? Elaborate on this.

2. Existence of stigma and discrimination

- a) How do you understand the terms HIV-related stigma and discrimination?
- b) Do you think people living with HIV in Namibia/ Windhoek/ at the NPC experience stigma and discrimination? Give examples.
- c) Why do you think people living with HIV may experience stigma and/ or discrimination?
- d) What are some of the things that indicate stigma and discrimination exist in the workplace?

3. Impact of stigma and discrimination at workplace

- a) What impact do you think stigma and discrimination have on people living with HIV in the workplace? Give examples.
- b) What kind of support do you think should be in place for people living with HIV in the workplace? Motivate your answer?

4. Stigma and discrimination free environment?

- a) What strategies can you suggest to reduce HIV-related stigma and discrimination in the workplace?

5. Workplace issues

- a) Do you discuss HIV and AIDS related issues with fellow employees at work?
- b) If yes, what do you discuss? In what forum does it get discussed (informal, formal)
- c) If not, what do you think are the reasons for this?